MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
762415	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		2		1			53							
4				1			54							
5				1			55							
6							56							
7							57							
8							58							
9							59							
10							60							
11				1			61							
12				1			62							
13				1			63							
14				1			64							
15							65							
16							66							
17							67							
18	1		1				68							
19		1		1			69							
20							70							
21							71							
22							72							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			2				TOTAL IND.							
TOTAL DEP.			17				TOTAL DEP.							
TOTAL CLAIMS			19				TOTAL CLAIMS							